

**OFFICE OF THE CHIEF OF NAVAL OPERATIONS (OPNAV)
COMMITTEE MANAGEMENT PROGRAM
RECERTIFICATION FORM**

1. Name of Committee:
 2. OPNAV Sponsor:
 3. Committee POC: *(Name, N-Code, & telephone)*
 4. Date Committee Approved by N09B:
 5. Recommended Disposition of Committee: *Continue* _____ *Disestablish* _____
- (*If "Disestablish", sign Item 10 and return form without further entries.)*

6. Committee Costs: (Estimate annual costs for all committee travel, per diem, and other miscellaneous expenses (e.g., contractor support, conference costs, etc.))

a. OPNAV:	<u> </u> (Travel)	<u> </u> (Per Diem)	<u> </u> (Miscellaneous)	<u> </u> (Total)
b. Others:	<u> </u> (Travel)	<u> </u> (Per Diem)	<u> </u> (Miscellaneous)	<u> </u> (Total)

(If miscellaneous costs exceed \$5,000, please identify nature of expenses, e.g., rental cars, printing and publications, etc.)

7. OPNAV Staff Support: (Identify OPNAV staff workyears required for annual committee operations to the nearest decimal.)

- a. Professional workyears:
- b. Clerical workyears:

8. Record of meetings held in past fiscal year and planned for next fiscal year:

9. Changes to Items 5 through 10 & 14 of original Committee Management Program Data Form:
(NOTE: OPNAV officials proposing to continue committees are required to observe OPNAVINST 5420.27 (series) policy regarding consideration of balanced representation of women and minorities.) (Use back of form if more space is necessary)

10. Approval Authority:
- a. OPNAV Principal Official: _____
- Signature* *N-Code* *Date*
- b. N09B Recertification: _____
- Signature* *N-Code* *Date*

